

**CITY OF PATERSON**  
**ANNUAL RENEWAL FORM FOR HANDICAPPED PARKING SPACE**

Enclosed please find an Annual Form for Handicapped Parking Space to be completed and returned indicating that a valid and continued need for the handicapped parking space exists. According to the Code of the City of Paterson, and annual registration form **must be completed** along with the following required documents.

Copy of Current and Valid **Disabled Person Identification** Card issued by the New Jersey Division of Motor Vehicles.

Copy of current and valid **Driver's License and/or Designated Driver's copy.**

Copy of current and valid **Vehicle's Registration.**

Please be advised, in the event that such renewal form is not received within thirty (30) days from the date on the letter received, the handicapped parking space sign at that location shall be removed immediately and a resolution will be presented to the City Council to repeal the designated parking space. Also, any abuse of using the said reserved spot for anything other than the vehicle which is registered in this office will also be removed immediately, and the City will repeal the parking privilege.

Please be advised that if you are moving to another area of the City, it is extremely important that you notify this office immediately. The sign will need to be removed from your old residence and then you need to have all documents changed over to your new residence, we will need to make copies reflecting your new address and another application needs to be filled out by you reflecting the move. Under no circumstance are you to remove the sign by yourself, and if caught doing such a thing, will result in no longer having a handicap sign ever!

If you have any questions or need assistance, please contact Robert Statuto, Supervisor of Public Works at (973) 321-1395 ext. 3301.

Sincerely,  
Robert Statuto, Supervisor  
Department of Public Works

**CITY OF PATERSON**  
**ANNUAL RENEWAL FORM FOR HANDICAPPED PARKING SPACE**

**DUE DATE:**

**LOCATION OF SIGN:**

**FILE #:**

**1. NAME OF DISABLE PERSON:**

**Furnish a copy of a current Disables Person ID Card.**

**2. IS THE DISABLED PERSON THE DRIVER OF THE VEHICLE?**

**YES – Furnish current copy of the disabled person Driver’s License and Vehicle Registration.**

**NO – Furnish a current copy of the Driver’s License and Vehicle Registration for the person who provides Transportation for the disabled person. The person who provides transportation must live at the residence of the disabled person.**

**3. PLEASE EXPLAIN WHY THE SIGN AT THE LOCATION IS STILL NEEDED (if not, write “NO LONGER NEEDED”)**

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**4. PLEASE FURNISH THE CURRENT TELEPHONE NUMBER(S) AT WHICH YOU CAN BE CONTACTED REGARDING THIS PARKING SPACE, IF NECESSARY.**

**NAME:** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**THIS FORM, TOGETHER WITH THE DOCUMENTS MENTIONED ABOVE MUST BE COMPLETED AND SUBMITTED ANNUALLY TO THE DEPARMENT OF PUBLIC WORK, TRAFFIC DIVISION AT THE FOLLOWING ADDRESS:**

**CITY OF PATERSON**  
**DEPARTMENT OF PUBLIC WORKS**  
**TRAFFIC DIVISION**  
**76-80 N. BARCLAY STREET**  
**PATERSON, N.J. 07503**